PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 14 Fergus 0258 Lewistown Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 67 1 1 122 1.57 72 01/06/05 2 67 1 108 1.80 84 01/06/05 3 76.6 53 01/06/05 67 1 1.15 4 120.4 1.80 84 01/06/05 67 1 5 67 98.8 1.36 60 01/06/05 67 1 6 78 0.95 48 01/06/05 7 0.95 67 1 98.9 48 01/06/05 67 8 63.6 1.80 84 01/06/05 1 9 120 01/06/05 67 1 1.15 53

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second May 10 to Count May 24 to State		nt
COMPLE	ETE THIS CLAIM FO	R STATE REI	MBURSEMEN	T FO	R SCHOOL	BUS TRANSPOR	TATION:	
This claim	is for the period beginning	month	, ;	20	_ and ending _	month	, 20 day	e.
CERTIFICATION:								
The inform	nation on this form is comp	lete and accurate to	the best of my kno	wledg	e.			
Date		Signature, Chair, Bo	oard of Trustees					
County:		District:					District Level:	
14 Fergu	0268 Grass Range Elem					Elementary		

117 1615	ub	0200	GI abb Itt	inge Liem			Licite	itai y
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
58	27	1	80	1.36	66	01/14/05		
58	27	2	115.2	1.15	59	01/14/05		
58	27	3	68	0.95	21	01/14/05		
58	27	4	106	1.15	54	01/14/05		
58	27	5	124.5	0.95	47	01/14/05		

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DATES

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second by 10 to County by 24 to State S	_	
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMB	URSEMEN	T FOR SO	CHOOL BUS	TRANSPORT	TATION:	
This clair	n is for the	period beginning	,	nonth	day,	20 and	ending	month	, 20_ day	·
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kno	owledge.				
Date			Signature	e, Chair, Board	l of Trustees					
County:	ounty: District:								District Level	:
14 Fergus 0269 Grass Range H S							High Sch	ool		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspecti		ays erated	Bus Driver's Social Security #
42	27	1		80	1.36	66	01/14/	05		
42	27	2		115.2	1.15	59	01/14/	05		
42	27	3		68	0.95	21	01/14/	05		
42	27	4		106	1.15	54	01/14/	05		
42	27	5		124.5	0.95	47	01/14/	05		
							•	•		

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DUE DATES:		February 1 February 15		ity Superin					to County	Semester Superintende uperintendent	
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	NT FOR	SCHO	OL BUS TRA	ANSPORT	'ATION:	
This clain	n is for the	period beginning			,	20	and endin	ıg		, 20	
			m	onth	day				month	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and a	ccurate to th	e best of my kn	owledge.					
Date			Signature	e, Chair, Board	d of Trustees						
County: District:									District Level:		
14 Fergi	ıs		0274	Moore H	\mathbf{S}					High Schoo	o l
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Da Oper		Bus Driver's Social Security #
40	44	1		109.6	0.95	48	;	01/24/05			
40	44	2A		76.8	0.95	48	;	01/24/05			
40	44	3		100	0.95	48	;	01/24/05			
						•	<u> </u>		•	<u> </u>	

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District	
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DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPL	ETE TH	IS CLAIM FO	R STATE REIM	IBURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This claim is for the period beginning, 20 and				20 and e	and ending, 20			
			month	day		n	onth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	lete and accurate to	the best of my kn	owledge.			
Date Signature, Chair, Board of Trustees								
County: District:				District Level:				
14 Fergus 0291 Winifred K-12 Schools			ools	High School				
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	115	1	98	1.15	52	01/26/05		
100	115	2	115.4	1.15	54	01/26/05		
100	115	3	61.8	0.95	42	01/26/05		
100	115	4	83.4	0.95	36	01/24/05		